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| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      | Attorney Docket No.<br><b>0526-1124</b>          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      | U.S. Application No.<br><b>10/577,525</b>        |
| INTERNATIONAL APPLN. NO.<br><b>PCT/FR2004/002761</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INTERNATIONAL FILING DATE<br><b>October 27, 2004</b> | PRIORITY DATE CLAIMED<br><b>October 29, 2003</b> |
| TITLE OF INVENTION: <b>PROTECTIVE DEVICE FOR HORSES' HOOVES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |                                                  |
| APPLICANT(S) FOR DO/EO/US: <b>Isabelle BRICAUD PRINCE (married RAIMBAULT), Jean-Pierre RAIMBAULT, Franck CHEREL, and Claude BOURGET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                  |
| Applicant herewith submits to the United States Designated Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |                                                  |
| <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input checked="" type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)).<br/>The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau. See attached PCT/IB/308.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made, however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4))</li> <li>10. <input type="checkbox"/> A Declaration of Inventorship for purposes of U.S.A. designation pursuant to rule 4.17(iv). ))</li> <li>11. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> <p><b>Items 12 to 23 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>12. <input type="checkbox"/> Information Disclosure Statement (IDS) w/PTO-1449 - <input type="checkbox"/> Copy of IDS citations. - <input type="checkbox"/> PCT/ISA/210 International Search Report included</li> <li>13. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s)).</li> <li>14. <input type="checkbox"/> A preliminary amendment.</li> <li>15. <input type="checkbox"/> An Application Data Sheet under 37 C.F.R. 1.76.</li> <li>16. <input type="checkbox"/> Itemized Return Receipt Postcard</li> <li>17. <input type="checkbox"/> Abstract</li> <li>18. <input type="checkbox"/> A substitute specification.</li> <li>19. <input type="checkbox"/> Power of Attorney and Statement under 37 CFR §3.73(b) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed Power of Attorney</li> <li>b. <input type="checkbox"/> A change of Power of Attorney and/or change of address letter.</li> </ol> </li> <li>20. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</li> <li>21. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>22. <input type="checkbox"/> A second copy of the English language translation of the international application (35 U.S.C. 154(d)(4)).</li> <li>23. <input type="checkbox"/> Other items or information: _____</li> </ol> |                                                      |                                                  |

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| U.S. APPLICATION NO.<br>10/577,52510/577,525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | INTERNATIONAL APPLN. NO.<br>PCT/FR2004/002761                                                                  |                                                                                                    | ATTORNEY DOCKET NO.<br>0526-1124     |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> The following fees are submitted:<br><br><p style="text-align: center;"><b>PCT FEES - NATIONAL STAGE</b></p>                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                                                                                                    | <b>CALCULATIONS<br/>PTO USE ONLY</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                |                                                                                                    |                                      |  |
| <u>Fee Description</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                |                                                                                                    |                                      |  |
| Basic National Stage Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |                                                                                                    |                                      |  |
| Non ISA/US Search Provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                | National Stage Search Fee                                                                          |                                      |  |
| <input type="checkbox"/> US was the IPEA And all claims satisfied the provisions of PCT Article 33 (1)-(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                | National Stage Examination Fee                                                                     |                                      |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20- <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (Fee Code 1617/2617)                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                |                                                                                                    | <b>Already Paid</b>                  |  |
| National Stage Application size fee each additional 50 sheets in excess of 100<br><br>Fee Code 1681/2681                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Additional Sheets<br>13 - 100 = _____ = _____ X<br><div style="text-align: center; margin-top: 10px;">50</div> |                                                                                                    | Fee From Below<br><b>\$125.00</b>    |  |
| <b>CLAIMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | NUMBER FILED                                                                                                   |                                                                                                    | NUMBER EXTRA                         |  |
| Independent Claims Fee Codes 1614 / 2614                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 1 - 3 =                                                                                                        |                                                                                                    |                                      |  |
| Total Claims Fee Codes 1615 / 2615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 11 - 20 =                                                                                                      |                                                                                                    |                                      |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) Fee Code 1616 / 2616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |                                                                                                    | + \$360.00                           |  |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). Fee Code 1618                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |                                                                                                    |                                      |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). (Fee code 8021)<br>\$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                |                                                                                                    | +                                    |  |
| <b>TOTAL FEES ENCLOSED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |                                                                                                    | <b>=</b>                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                |                                                                                                    | Amount to be refunded:               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                |                                                                                                    | Charged:                             |  |
| <input type="checkbox"/> A check in the amount of _____ to cover the above fees is attached.<br><br><input type="checkbox"/> The Director is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 25-0120 in the name of Young & Thompson. A duplicate copy of this sheet is enclosed.<br><br><input checked="" type="checkbox"/> The Director is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17. |  |                                                                                                                |                                                                                                    |                                      |  |
| SEND ALL CORRESPONDENCE TO:<br>YOUNG & THOMPSON<br>745 South 23 <sup>rd</sup> Street<br>Arlington, VA 22202<br>Telephone: (703) 521-2297<br>Facsimile: (703) 685-0573                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                | <br>SIGNATURE |                                      |  |
| Y&T Customer No. <b>00466</b><br>EJ/sj                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                | Eric Jensen, Reg. No. 37,855<br>NAME, REGISTRATION NUMBER                                          |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                | June 28, 2006<br>DATE                                                                              |                                      |  |